

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 646944	RECEIPT DATE:	09 / 22 / 00
IA NUMBER:	PCT/ DE99 / 00606	IA FILING DATE:	03 / 01 / 99
FAMILY NAME:	HOPFENSITZ	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	RALPH	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 16 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	1093-29 PCT/	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: CHARLES R HOFFMANN  
HOFFMANN & BARON  
STREET: 6900 JERICHO TURNPIKE

CITY: SYOSSET  
STATE/COUNTRY: NY ZIP: 11791  
EMAIL:  
APPLICATION TITLES:  
METHOD AND APPARATUS FOR CUTTING FOILS

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/646,944	<b>FILING DATE</b> 09/22/2000 <b>RULE</b> -	<b>CLASS</b> <del>003</del> 219	<b>GROUP ART UNIT</b> <del>3724</del> 1725	<b>ATTORNEY DOCKET NO.</b> 1093-29-PCT/	
<b>APPLICANTS</b> Ralph Hopfensitz, Schwarzenbruck, GERMANY; Norbert Lutz, Ruckersdorf, GERMANY;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/DE99/00606 03/01/1999 OK smt					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 198 16 793.8 04/16/1998 OK smt					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/18/2000</b> -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance smt Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Hoffmann & Baron 350 Jericho Turnpike Jericho ,NY 11753					
<b>TITLE</b> Method and device for cutting sheets comprised of a carrier film and a decorative layer located thereon, especially embossed sheets					
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		